



U.S. Department
of Transportation



Bureau of
Transportation Statistics

2002 National Transportation Availability and Use Survey - Telephone (CATI) Questionnaire

Introduction Section

The first questions are about the persons in your household.

B1. Including yourself, how many people currently live in your household?

Please count everyone, including yourself, babies, small children, and any non-relatives who live there most of the time.

Please put the number of people in your household.

Number of people in your household |_|_|

Household members include people who think of this household as their primary residence. It includes people who usually stay in the household, but are temporarily away on business, vacation, or in a hospital. It does not include someone just visiting, such as a college student who normally has been living away at school.

Please go to next question.

B2. Thinking about the transportation system, including roads, public transportation, bikeways and sidewalks, how satisfied are you with

Please mark the answer that applies to you for each statement.					
	Very Dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied
a. The ease of driving or riding as a passenger in your community	1	2	3	4	5
b. The availability of public transportation in your community	1	2	3	4	5
c. The availability of bikeways, pedestrian paths and sidewalks in your community	1	2	3	4	5

Please go to next question.

A focus of this survey is on transportation issues of persons with disabilities. The Americans with Disabilities Act defines a disability as a physical or mental impairment, and these next few questions use that specific language.

B2a. Does anyone in your household have a physical or mental impairment that causes him or her to be unable to perform a major life activity? Examples of major life activities include seeing, hearing, speaking, caring for one's self, performing manual tasks, walking, breathing, learning or working.

Please mark Yes or No

Yes 1

No..... 2

Please go to next question.

B2b. Does anyone in your household have a physical or mental impairment that significantly restricts the conditions, manner, or duration under which he or she can perform a particular major life activity?

Please mark Yes or No

Yes 1

No..... 2

Please go to next question.

B2c. More specifically, does anyone in your household have any of the following long lasting conditions:

Please mark Yes or No for each question.		
	Yes	No
a) Blindness, deafness, or a severe vision or hearing impairment?	1	2
<p>C5b. If anyone has a vision or hearing impairment, please indicate if this is a vision or hearing impairment or both.</p> <p>Please mark only one answer.</p> <p><input type="checkbox"/> Vision 1</p> <p><input type="checkbox"/> Hearing 2</p> <p><input type="checkbox"/> Both 3</p>	<p>Please do not write in this space</p>	
b) A <u>condition</u> that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	1	2

Please go to next question.

B2d. Because of a physical, mental or emotional condition lasting six months or more, does anyone in your household have any difficulty in doing any of the following activities:

Please mark Yes or No for each question.		
	Yes	No
a) Learning, remembering or concentrating?	1	2
b) Dressing, bathing, or getting around inside the home?	1	2
c) Does anyone <u>16 or older</u> have difficulty going outside the home alone to shop or visit a doctor's office?	1	2
d) Does anyone <u>16 or older</u> have difficulty working at a job or business?	1	2

Please go to next question.

B2e. Does your household have a child who is receiving special education services?

Please mark Yes or No

Yes 1

No..... 2

If you answered Yes to B2A, B2B, B2C, B2D, and / or B2E, please answer the following questions.

If you did not, please continue on page 9, Transportation Use Section, Question C1.

B3. You indicated that some of the persons in your household have certain conditions or difficulties. How many people have any of the conditions or difficulties you marked as yes in the previous questions?

Please enter the number of people with disabilities in your household.

Number of persons with disabilities..... |__|__| **Please go to next question.**

No one with disabilities in household 995 **Please go to next page.**

B3A. Overall, do you consider these conditions or difficulties to be mild, moderate, or severe?

- Mild..... 1
- Moderate 2
- Severe 3

Please go to next page.

If there is only one person in your home with a disability, please have them complete this survey. If they are under age 16, or unable to complete the survey, please complete it for them.

If there is more than one person in your home with a disability, please have the person with the next birthday complete this survey. If they are under age 16, or unable to complete the survey, please complete it for them.

If there is no one with a disability in the house, please complete the survey for yourself.

Please go to next page.

Transportation Use Section

The next questions are about your transportation use.

C1. On average, about how many days per week do you leave your home for any reason?

Please enter the number of days per week you leave home. [Please enter 0 (Zero)] if you never leave home.]

Number of days a week you leave home |__|

Please go to next question.

C2. **{Even if you never leave your home}** What kinds of specialized assistance or equipment do you need to travel outside the home?

Please mark all that apply.

Types of assistance:

- None..... 0
- Assistance from another person while inside the home..... 1
- Assistance from another person while outside the home 2
- Interpreter..... 3
- Professional care such as rehabilitation or counseling 4
- Service animal 5

Types of equipment:

- Manual wheelchair 6
- Electric scooter or wheelchair..... 7
- Cane, crutches, or walker..... 8
- Leg, arm, back brace..... 9
- Prosthetic device (like an artificial arm, hand, leg, foot)..... 10
- Automotive adaptive aid (like hand controls) 11
- Public transportation aid, (like a wheelchair lift, kneeling bus, etc.)..... 12
- Hearing aid..... 13
- Magnifiers or high-powered glasses 14
- Oxygen..... 15
- Medication..... 16
- Other (Please specify) _____ 91

Please go to next question.

C3. **{Even if you never leave your home}** What kinds of difficulties do you have in getting the transportation you need?

Please mark all that apply.

Transportation related:

- None..... 0
- Don't have a car 1
- No / limited public transportation in community 2
- No / limited taxi service in community..... 3
- Buses don't run on time 4
- Buses don't run when needed 5
- Bus stops are too far away 6
- Transportation does not accommodate special equipment,
like a walker, cane, wheelchair, etc..... 7

Disability Related:

- Physical / other disability makes transportation hard to use 8

Other:

- Costs too much 9
- Don't want to ask others for help / inconvenience others..... 10
- There's no one I can depend..... 11
- Fear of crime stops me from going places..... 12
- Other (Please specify) _____ ... 91

Please go to next question.

Personal Motor Vehicles Section

The next questions are about the use and ownership of personal motor vehicles, such as cars, trucks, vans, SUVs, motorcycles, and RVs.

D1. Do you currently drive a car or other motor vehicle?

Yes 1 **Please go to next question.**

No 2 **Please go to question D6 on page 16**

D2. On average, how many days a week do you drive?

Please enter the number of days a week you drive.

Number of days a week | |

Less than one day a week... 8

Please go to next question.

D3. People sometimes limit or restrict their driving in different ways. Do you usually . . .

Please mark Yes or No for each question.		
	Yes	No
(a) Drive less often than you used to?	1	2
(b) Avoid driving at night?	1	2
(c) Drive less in bad weather?	1	2
(d) Avoid high-speed roads and highways?	1	2
(e) Avoid busy roads and intersections?	1	2
(f) Drive slower than the posted speed limits?	1	2
(g) Avoid left-hand turns?	1	2
(h) Avoid driving during rush hour?	1	2
(i) Avoid driving on unfamiliar roads or to unfamiliar places?	1	2
(j) Avoid driving distances of over 100 miles?	1	2

Please go to next question.

D4. In terms of your driving ability, please mark if each of the following is now worse, the same, or better than it was five years ago.

Please mark the answer that best applies to you for each of the following driving abilities.			
	Worse than 5 years ago	Same as five years ago	Better than five years ago
(a) Eyesight and / or night vision	1	2	3
(b) Attention span	1	2	3
(c) Hearing	1	2	3
(d) Coordination	1	2	3
(e) Reaction time to brake or swerve	1	2	3
(f) Depth perception	1	2	3

Please go to next question.

D5. Some people decide to give up driving at some point. Under what circumstances would you say would consider giving up driving?

Please mark all that apply.

- I never plan to give up driving..... 1
- If other transportation was available.....2
- If I cannot pass the driver's license renewal process3
- If I cause a crash, accident, injury or other incident.....4
- If I am involved in a crash, accident or other incident5
- If the doctor says to stop driving.....6
- If a family member, a friend or a neighbor convinces me to stop driving.....7
- If a police officer or law enforcement authority advises me to stop driving8
- If I feel that I cannot operate a vehicle safely9
- When I reach a certain age 10
- If my eye sight declines 11
- If my hearing declines 12
- Because of other physical limitations like arthritis 13
- Because of other mental limitations like Alzheimer's disease..... 14
- Other reason 15

Please go to next question.

D6. How many personal motor vehicles, such as cars, trucks, vans, SUVs, motorcycles and RVs, are owned or leased by someone in your household?

Number of vehicles..... |_|_| **Please go to next question.**

None..... 2 **Please to go to question D19 on page 21.**

D7. Are any of the vehicles owned or leased by household members modified with adaptive devices or equipment for use by persons with disabilities?

Yes..... 1 **Please go to next question.**

No2 **Please go to question D19 on page 21**

D8. How many vehicles are modified?

Please enter the number of vehicles owned or leased by household members modified with adaptive devices or equipment for use by persons with disabilities

Number of modified vehicles |_|_|

Please go to next question.

D9. Do you ever drive or ride in a modified household vehicle?

Yes..... 1 **Please go to next question.**

No..... 2 **Please go to Question D19 on page 21**

D10. What type of modified household vehicle do you use most frequently?

Please mark only one answer.

- Car or station wagon 1
- Sport Utility Vehicle (SUV)... 2
- Full-sized van 3
- Mini-van..... 4
- Pickup truck..... 5
- RV 6
- Motorcycle or moped..... 7
- Other vehicle 8

Please go to next question.

D11. Is the vehicle modified . . .

Please mark only one answer.

- For the driver, 1
- Passengers or 2
- Both driver and passengers? 3

Please go to next question.

D12. Does the vehicle have:

Please mark Yes or No for each vehicle modification.		Yes	No
a)	Accelerator / braking system modifications? [pedal extenders / levers, reduced / zero effect brakes, left-foot accelerator, powered hand brake control, mechanical hand controls]	1	2
b)	Air bag modifications? [removed / disconnected, driver-controlled or passenger-controlled on-off switch]	1	2
c)	Controls relocated or modified? [touch pad controls, crossover gear shift lever]	1	2
d)	Ramps or lifts installed? [portable or permanent]	1	2
e)	Roof or doorway modifications? [raised roof / doorway, power door opener]	1	2
f)	Seating adapted? [transfer-assist seat, power seat base, swivel seat, modified headrest, tie-downs for wheelchairs]	1	2
g)	Steering adapted? [spinner knob, reduced diameter steering wheel, extended steering column, reduced / zero effort steering, horizontal steering system, foot steering]	1	2
h)	Storage capability for unoccupied wheelchair / scooter? [car top carrier, hoist, tie-downs]	1	2
i)	Structural modifications such as a lowered floor? [Floor plan or floor modifications]	1	2

Please go to next question.

D13. Approximately how much did it cost to make all the modifications?

Please enter the approximate cost of the vehicle modifications. Please use whole dollars only (no cents).

Cost of modifications \$ |_|_|_|_|_|_|_|_|

Please go to next question.

D14. Who paid for these modifications?

Please mark all that apply.

- I did or a family member did1
- Friend2
- Human services agency3
- VA (Veteran's Administration)..4
- Worker's Compensation5
- Other agency or
organization6
- Other (Please Specify _____
_____91

Please go to next question.

D15. Do you use this modified vehicle as the . . .

Please mark only one answer.

- Driver,..... 1
- The passenger or 2
- Both driver and passenger? 3

Please go to next question.

D16. Do you think that the safe operation of the vehicle has decreased, increased or remained the same because of its modifications?

Please mark only one answer.

- Decreased..... 1
- Increased 2
- Remained the same 3

Please go to next question.

D17. Have you experienced any problems with the special devices or equipment?

Please mark only one answer.

- Yes 1 **Please go to next question.**
- No..... 2 **Please go to question D19 on page 21**

D18. What kinds of problems?

Please mark all that apply.

- Does not accommodate disability..... 1
- Wears out more quickly than factory-installed equipment..... 2
- Fails to operate properly 3
- Interferes with operation of standard equipment..... 4
- Poor / inadequate installation..... 5
- Replacement parts not available 6
- Other problems 7

Please go to next question.

D19. Now please consider all the vehicles you use that may have special devices or equipment - including public vehicles such as buses, trains, and taxicabs and household vehicles. Have you ever been in an accident or experienced an incident in any vehicle adapted for persons with disabilities?

We are only interested in accidents or incidents in which you were involved. All incidents, even minor ones, are included.

Please mark Yes or No.

- Yes..... 1 **Please go to next question.**
- No..... 2 **Please go to question D28 on page 24**

D20. In the past year, how many accidents or incidents have you experienced in modified vehicles?

Please put the number of accidents or incidents.

Number of accidents or incidents..... |_|_|

Please go to next question.

D21. Did you experience more than one accident or incident?

Please mark Yes or No.

- Yes..... 1
- No..... 2

Please go to next question.

D22. In your opinion, did the special devices or equipment contribute to or cause the accident(s) or incident(s), including the driver's or passenger's failure to use such equipment or to use it properly?

Please mark Yes or No.

- Yes..... 1 **Please go to next question.**
- No..... 2 **Please go to question D24 on page 23**

D23. What were the major ways in which the special devices or equipment contributed to or caused the accident(s) or incident(s)?

Please mark all that apply.

- Driver / passenger failed to use the devices or equipment 1
- Driver / passenger used the devices or equipment improperly.. 2
- Driver / passenger used incorrect devices or equipment..... 3
- Devices faulty, in poor repair, inoperable 4
- Driver / passenger unfamiliar with the devices or equipment..... 5
- Vehicle did not have the correct devices for my disability..... 6
- Other 7

Please go to next question.

D24. Were you injured in the accident(s) or incident(s)?

Please mark Yes or No.

- Yes 1 **Please go to next question.**
- No..... 2 **Please go to question D28 on page 24**

D25. In your accident(s) or incident(s) did the special devices or equipment prevent or reduce injuries that you might have suffered without the equipment?

Please mark Yes or No.

- Yes 1
- No..... 2

Please go to next question.

D26. Were any of your injuries caused or made worse by the special devices or equipment, including the driver's or passenger's failure to use such equipment or to use it properly?

Please mark Yes or No.

- Yes 1 **Please go to next question.**
- No..... 2 **Please go to question D28 on page 24**

D27. What were the major ways in which the injuries were caused or made worse by the special devices or equipment?

Please mark all that apply.

- Driver / passenger failed to use the devices or equipment 1
- Driver / passenger used the devices or equipment improperly.. 2
- Driver / passenger used incorrect devices or equipment..... 3
- Devices faulty, in poor repair, inoperable 4
- Driver / passenger unfamiliar with the devices or equipment..... 5
- Vehicle did not have the correct devices for my disability..... 6
- Other 7

Please go to next question.

D28. The National Highway Traffic Safety Administration, also called NHTSA, works to improve vehicle safety. Have you heard about their toll-free telephone hotline that people can call to report suspected defects in automobiles and automotive equipment, including special equipment?

Please mark Yes or No.

- Yes 1
- No..... 2

The hotline number is 1-888-327-4236

Please go to next question.

Personal Travel Section

The next questions ask about different types of transportation you may use.

- E1. During the past month, when you traveled locally, such as for work, shopping, going to the doctor's and other purposes, did you . .

Please mark Yes or No for each question.	Yes	No
(1). Drive a personal motor vehicle such as a car, minivan, truck, or SUV?	1	2
(2) Ride in a personal motor vehicle as a passenger?	1	2
(3) Ride in a carpool or vanpool?	1	2
(4) Ride on a public bus such as a transit bus or city bus?	1	2
(5) Use curb-to-curb transportation provided by a public transportation authority for persons with disabilities? [May also be referred to as "demand response service" or "paratransit service".]	1	2
(6) Ride on specialized transportation services provided by human service agencies?	1	2
(7) Ride on a private or chartered bus?	1	2
(8) Ride on a school bus?	1	2
(9) Ride on a subway, "light rail," or commuter train?	1	2
(10). Take a taxicab?	1	2
(11) Use an electric wheelchair, scooter, golf cart or other motorized personal transportation? [Does not include playing golf.]	1	2
(12) Ride a bicycle or other pedal cycle?	1	2
(13) Walk, including using a nonmotorized wheelchair or scooter, on sidewalks, at crosswalks, or in intersections?	1	2
(14) Use any other type of transportation?	1	2

Please go to next question.

E2. Which type of transportation did you use most frequently? [If more than one type of transportation is used just as often, please pick the type of transportation you use for the longest distance.]

Please mark only one answer.

Personal vehicles

- Personal motor vehicle (car, minivan, truck, SUV, etc) as a driver..... 1
- Personal motor vehicle (car, minivan, truck, SUV, etc) as a passenger.....2
- Motorized personal transportation (such as an electric wheelchair, scooter or golf cart)3
- Carpool or vanpool / group car or van4

Air travel

- Commercial airplane5
- Private or charter airplane6

Bus travel

- Intercity bus such as Greyhound7
- Private or chartered bus8
- Public bus (includes transit or city bus)9
- School bus 10

Special travel

- Paratransit van or bus sponsored by the public transit authority..... 11
- Specialized transportation services provided by human services agencies 12

Train

- Amtrak / Intercity train 13
- Subway, "light rail," or commuter train..... 14

Other

- Bicycle / pedal cycles 15
- Taxicab..... 16
- Work at home / home-schooled..... 17
- Telecommute..... 18
- Walking (includes nonmotorized wheelchair, scooter, or assistance device such as a cane) 19
- Other transportation20

Please go to next question.

E3. How satisfied are you that the type of transportation you use most frequently for local travel is

	Please mark the answer that applies to you for each of the following:	Very Dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
(a)	Close to where you live?	1	2	3	4	5
(b)	Convenient to get to from the home?	1	2	3	4	5
(c)	Easy to get into and get out of?	1	2	3	4	5
(d)	In good mechanical repair?	1	2	3	4	5
(e)	Reliable?	1	2	3	4	5
(f)	Comfortable?	1	2	3	4	5
(g)	Able to get to your destination on a direct route and without too many stops?	1	2	3	4	5
(h)	Affordable?	1	2	3	4	5
(i)	Safe from accidents?	1	2	3	4	5
(j)	Safe from crime?	1	2	3	4	5

Please go to next question.

E4. How confident are you, that when using the type of transportation you use most frequently for local travel, you could get out safely in the event of an emergency?

Please mark only one answer.

- Not at all confident,..... 1
- Not very confident, 2
- Somewhat confident, or 3
- Very confident? 4

Please go to next question.

E5. Now I have a few questions about working for pay or volunteering. Would you say you

Please mark only one answer.

- Work fulltime for pay only? 1 **Please go to Work Travel Section on page 29 (Question E6)**
- Work part time for pay only?..... 2 **Please go to Work Travel Section on page 29 (Question E6)**
- Both work for pay and volunteer?..... 3 **Please go to Work Travel Section on page 29 (Question E6)**
- Volunteer only? or 4 **Please go to Work Travel Section on page 29 (Question E6)**
- Neither work for pay nor volunteer?..... 5 **Please go to School Travel Section on page 32 (Question E9)**

Work Travel Section

E6. What type of transportation do you use most often to commute to work (or to volunteer)?

[If more than one type of transportation is used just as often, please pick the type of transportation you use for the longest distance.]

Please mark **only one answer.**

Personal vehicles

- Personal motor as a driver 1
- Personal motor vehicle as a passenger..... 2
- Motorized personal transportation (such as an electric wheelchair, scooter or golf cart) 3
- Carpool or vanpool / group car or van 4

Air travel

- Commercial airplane 5
- Private or charter airplane 6

Bus travel

- Intercity bus such as Greyhound 7
- Private or chartered bus 8
- Public bus (includes transit or city bus) 9
- School bus 10

Special travel

- Paratransit van or bus sponsored by the public transit authority..... 11
- Specialized transportation services provided by human services agencies 12

Train

- Amtrak / Intercity train 13
- Subway, "light rail," or commuter train..... 14

Other

- Bicycle / pedal cycles 15
- Taxicab..... 16
- Work at home / home-schooled..... 17
- Telecommute..... 18
- Walking (includes nonmotorized wheelchair, scooter, or assistance device such as a cane) 19
- Other transportation 20

Please go to next question.

E7. When you go home from work (or from volunteering), do you most often use the same type of transportation that you use to go to work (or to volunteer)?

- Yes..... 1 **Please go to School Travel Section on page 32 (Question E9)**
- No..... 2 **Please go to next question.**

E8. What type of transportation do you use most often to commute from work (or from volunteering)? **[If more than one type of transportation is used just as often, please pick the type of transportation you use for the longest distance.]**

Please mark only one answer.

Personal vehicles

- Personal motor as a driver 1
- Personal motor vehicle as a passenger..... 2
- Motorized personal transportation (such as an electric wheelchair, scooter or golf cart) 3
- Carpool or vanpool / group car or van 4

Air travel

- Commercial airplane 5
- Private or charter airplane 6

Bus travel

- Intercity bus such as Greyhound 7
- Private or chartered bus 8
- Public bus (includes transit or city bus) 9
- School bus 10

Special travel

- Paratransit van or bus sponsored by the public transit authority..... 11
- Specialized transportation services provided by human services agencies 12

Train

- Amtrak / Intercity train 13
- Subway, "light rail," or commuter train..... 14

Other

- Bicycle / pedal cycles 15
- Taxicab..... 16
- Work at home / home-schooled..... 17
- Telecommute..... 18
- Walking (includes nonmotorized wheelchair, scooter, or assistance device such as a cane) 19
- Other transportation 20

Please go to next question.

School Travel Section

E9. Are you now enrolled in school?

This means even if you do not attend right now because of summer break.

Some children go to school at an early age due to participation in Early Intervention Special Education Programs.

School includes pre-school and Head Start.

Please mark Yes or No.

- Yes.....1 **Please go to next question.**
- No.....2 **Please go to Medical Visits Travel Section on page 36 (Question E13)**

E10. What type of transportation do you use most often to commute to school? **[If more than one type of transportation is used just as often, please pick the type of transportation you use for the longest distance.]**

Please mark only one answer.

Personal vehicles

- Personal motor as a driver 1
- Personal motor as a passenger..... 2
- Motorized personal transportation (such as an electric wheelchair, scooter or golf cart) 3
- Carpool or vanpool / group car or van 4

Air travel

- Commercial airplane 5
- Private or charter airplane 6

Bus travel

- Intercity bus such as Greyhound 7
- Private or chartered bus 8
- Public bus (includes transit or city bus) 9
- School bus 10

Special travel

- Paratransit van or bus sponsored by the public transit authority..... 11
- Specialized transportation services provided by human services agencies 12

Train

- Amtrak / Intercity train 13
- Subway, "light rail," or commuter train..... 14

Other

- Bicycle / pedal cycles 15
- Taxicab..... 16
- Work at home / home-schooled..... 17
- Telecommute..... 18
- Walking (includes nonmotorized wheelchair, scooter, or assistance device such as a cane) 19
- Other transportation 20

Please go to next question.

E11. When you go home from school, do you use the same type of transportation that you use to go to school?

Please mark Yes or No.

- Yes.....1 **Please go to Medical Visits Travel Section on page 36 (Question E13).**
- No.....2 **Please go to next question.**

E12. What type of transportation do you use most often to commute from school? **[If more than one type of transportation is used just as often, please pick the type of transportation you use for the longest distance.]**

Please mark only one answer.

Personal vehicles

- Personal motor vehicle as a driver 1
- Personal motor as a passenger..... 2
- Motorized personal transportation (such as an electric wheelchair, scooter or golf cart) 3
- Carpool or vanpool / group car or van 4

Air travel

- Commercial airplane 5
- Private or charter airplane 6

Bus travel

- Intercity bus such as Greyhound 7
- Private or chartered bus 8
- Public bus (includes transit or city bus) 9
- School bus 10

Special travel

- Paratransit van or bus sponsored by the public transit authority..... 11
- Specialized transportation services provided by human services agencies 12

Train

- Amtrak / Intercity train 13
- Subway, "light rail," or commuter train..... 14

Other

- Bicycle / pedal cycles 15
- Taxicab..... 16
- Work at home / home-schooled..... 17
- Telecommute..... 18
- Walking (includes nonmotorized wheelchair, scooter, or assistance device such as a cane) 19
- Other transportation 20

Please go to next question.

Medical Visits Travel Section

E13. What type of transportation do you use most often to go to the doctor and for other medical visits? [If more than one type of transportation is used just as often, please pick the type of transportation you use for the longest distance.]

Please mark only one answer.

Personal vehicles

- Personal motor as a driver1
- Personal motor vehicle as a passenger.....2
- Motorized personal transportation (such as an electric wheelchair, scooter or golf cart)3
- Carpool or vanpool / group car or van4

Air travel

- Commercial airplane5
- Private or charter airplane6

Bus travel

- Intercity bus such as Greyhound7
- Private or chartered bus8
- Public bus (includes transit or city bus)9
- School bus10

Special travel

- Paratransit van or bus sponsored by the public transit authority.....11
- Specialized transportation services provided by human services agencies12

Train

- Amtrak / Intercity train13
- Subway, "light rail," or commuter train.....14

Other

- Bicycle / pedal cycles15
- Taxicab.....16
- Work at home / home-schooled.....17
- Telecommute.....18
- Walking (includes nonmotorized wheelchair, scooter, or assistance device such as a cane)19
- Other transportation20

Please go to next question.

Other Local Travel Section

E14. Other than for work, school, and doctor or medical visits, what type of transportation do use most often for your local travel, such as shopping and recreation? **[If more than one type of transportation is used just as often, please pick the type of transportation you use for the longest distance.]**

Please mark only one answer.

Personal vehicles

- Personal motor vehicle as a driver1
- Personal motor vehicle as a passenger.....2
- Motorized personal transportation (such as an electric wheelchair, scooter or golf cart)3
- Carpool or vanpool / group car or van4

Air travel

- Commercial airplane5
- Private or charter airplane6

Bus travel

- Intercity bus such as Greyhound7
- Private or chartered bus8
- Public bus (includes transit or city bus)9
- School bus10

Special travel

- Paratransit van or bus sponsored by the public transit authority.....11
- Specialized transportation services provided by human services agencies12

Train

- Amtrak / Intercity train13
- Subway, "light rail," or commuter train.....14

Other

- Bicycle / pedal cycles15
- Taxicab.....16
- Work at home / home-schooled.....17
- Telecommute.....18
- Walking (includes nonmotorized wheelchair, scooter, or assistance device such as a cane)19
- Other transportation20

Please go to next question.

Sidewalk Section

E15. Is there a sidewalk, path, or bike lane in usable condition close to your home?

Please mark Yes or No.

- Yes 1
- No..... 2

Please go to next question.

E16. During the past month, what problems have you experienced as a pedestrian, with or without wheeled assistance, on sidewalks, at crosswalks or in intersections?

Please mark all that apply.

- Did not walk on sidewalks, at crosswalks,
or in intersections 95

Please go to Bicycle Travel Section on page 41 (Question E18)

- No problems..... 1

Please go to Bicycle Travel Section on page 41 (Question E18)

- Safety and travel information not adapted for
my needs (such as Braille and beeping
or flashing signals) 2
- Crosswalk time too short..... 3
- Crosswalks not marked / missing..... 4
- Curb cut / ramp / stair / grade problems..... 5
- Difficult to see / be seen..... 6
- Don't know when it's safe to cross 7
- Drainage poor 8
- Drivers don't stop for me 9
- Grates and gaps 10
- Insensitive / unaware drivers..... 11
- Insensitive / unaware pedestrians 12
- Lighting inadequate..... 13
- Median / island problems 14
- Moving traffic too close to me 15
- Obstacles / protrusions 16
- Passing space / width limited 17
- Surface problems (potholes / cracks) 19
- Too few / missing sidewalks / paths..... 20
- Other (Please specify)..... 91

Please go to next question.

E17. Which was the **greatest problem** you experienced as a pedestrian, with or without wheeled assistance, on sidewalks, at crosswalks or in intersections?

Please mark **only one answer**.

- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals) 2
- Crosswalk time too short..... 3
- Crosswalks not marked / missing..... 4
- Curb cut / ramp / stair / grade problems..... 5
- Difficult to see / be seen..... 6
- Don't know when it's safe to cross 7
- Drainage poor 8
- Drivers don't stop for me 9
- Grates and gaps 10
- Insensitive / unaware drivers..... 11
- Insensitive / unaware pedestrians 12
- Lighting inadequate..... 13
- Median / island problems 14
- Moving traffic too close to me 15
- Obstacles / protrusions 16
- Passing space / width limited 17
- Surface problems (potholes / cracks) 19
- Too few / missing sidewalks / paths..... 20
- Other (Please specify)_____ 91

Please go to next question.

Bicycle Travel Section

E18. What problems have you experienced as a cyclist?

Please mark all that apply.

Did not use bicycle / pedal cycle 95

Please go to question E20 on page 42

No problems..... 1

Please go to question E20 on page 42

Safety and travel information not adapted for
my needs (such as Braille and beeping
or flashing signals)..... 2

Crosswalk time too short..... 3

Crosswalks not marked / missing..... 4

Curb cut / ramp / stair / grade problems..... 5

Difficult to see / be seen..... 6

Don't know when it's safe to cross 7

Drainage poor 8

Drivers don't stop for me 9

Grates and gaps 10

Insensitive / unaware drivers..... 11

Insensitive / unaware pedestrians 12

Lighting inadequate..... 13

Median / island problems 14

Moving traffic too close to me 15

Obstacles / protrusions / low clearance..... 16

Passing space / width limited 17

Surface problems (potholes / cracks) 18

Too few / missing sidewalks / paths 19

Other (Please specify)_____ 91

Please go to next question.

E19. Which was the **greatest problem** you experienced as a cyclist?

Please mark one answer.

- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals)..... 2
- Crosswalk time too short..... 3
- Crosswalks not marked / missing..... 4
- Curb cut / ramp / stair / grade problems..... 5
- Difficult to see / be seen..... 6
- Don't know when it's safe to cross 7
- Drainage poor 8
- Drivers don't stop for me 9
- Grates and gaps 10
- Insensitive / unaware drivers..... 11
- Insensitive / unaware pedestrians 12
- Lighting inadequate..... 13
- Median / island problems 14
- Moving traffic too close to me 15
- Obstacles / protrusions / low clearance..... 16
- Passing space / width limited 17
- Surface problems (potholes / cracks) 18
- Too few / missing sidewalks/ paths 19
- Other (Please specify)..... 91

Please go to next question.

E20. Have you ever been hit by a motor vehicle while walking or riding a bicycle? **[Includes traveling by wheelchair.]**

Please mark Yes or No.

- Yes 1

Please go to next question.

- No..... 2

Please go to Bus Travel Section on page 44 (Question E 22)

E21. Was the motorist going straight or turning at the time?

Please mark only one answer.

- Going straight..... ..1
- Turning2

Please go to next question.

E25. When you use the bus, how many one-way trips a day do you usually take?

Please enter the number of one-way trips a day you usually take on the bus.

Number of one-way trips a day|_|

Please go to next question.

E26. What problems have you experienced at bus stops?

Please mark all that apply.

- No problems..... 1

Please go to question E28 on page 48.

- Safety and travel information not adapted for my needs
(such as Braille and beeping or flashing signals)2
- Crowding / seating inadequate..... 3
- Curb cut / ramp / stair / grade problems..... 4
- Difficult to see / be seen..... 5
- Drainage poor 6
- Elevators / Escalators broken / missing 7
- Fare purchase difficult..... 8
- Insensitive / unaware passengers 9
- Lighting inadequate..... 10
- Obstacles / protrusions / trash / debris..... 11
- Passenger travel information inadequate..... 12
- Passing space / aisle width limited..... 13
- Personal safety concerns..... 14
- Restroom facilities inadequate 15
- Schedule not kept 16
- Shelter inadequate 17
- Sidewalks / paths missing / inadequate 18
- Staff assistance / sensitivity poor 19
- Surface problems (potholes / cracks) 20
- Vehicle does not always stop for me 21
- Parking inadequate 22
- Other (Please specify)_____ 91

Please go to next question.

E27. Which was the greatest problem you experienced at bus stops?

Please mark **one answer**.

- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals) 2
- Crowding / seating inadequate..... 3
- Curb cut / ramp / stair / grade problems..... 4
- Difficult to see / be seen..... 5
- Drainage poor 6
- Elevators / Escalators broken / missing 7
- Fare purchase difficult..... 8
- Insensitive / unaware passengers 9
- Lighting inadequate..... 10
- Obstacles / protrusions / trash / debris..... 11
- Passenger travel information inadequate..... 12
- Passing space / aisle width limited..... 13
- Personal safety concerns 14
- Restroom facilities inadequate 15
- Schedule not kept 16
- Shelter inadequate 17
- Sidewalks / paths missing / inadequate 18
- Staff assistance / sensitivity poor 19
- Surface problems (potholes / cracks) 20
- Vehicle does not always stop for me 21
- Parking inadequate 22
- Other (Please specify)_____ 91

Please go to next question.

E28. What problems have you experienced while on the bus?

Please mark all that apply.

[We are asking about your experience, something that actually happened to you, and not an incident you may have observed.]

- No problems..... 1

Please go to Subway Travel Section on page 50 (Question E30)

- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals) 2
- Board / exit time inadequate 3
- Boarding / exiting equipment limited 4
- Crowding / seating inadequate..... 5
- Difficult to board / exit..... 6
- Equipment storage inadequate 7
- Fare purchase difficult..... 8
- Insensitive / unaware driver 9
- Insensitive / unaware passengers..... 10
- Lighting inadequate..... 11
- Obstacles / protrusions 12
- Passenger travel information inadequate 13
- Passing space / aisle width limited..... 14
- Personal safety concerns..... 15
- Restroom facilities inadequate 16
- Service animals not permitted..... 17
- Staff assistance / sensitivity poor 18
- Wheelchair space inadequate..... 19
- Other (Please specify)_____ 91

Please go to next question.

E29. Which was the **greatest problem** you experienced while on the bus?

- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals) 2
- Board / exit time inadequate 3
- Boarding / exiting equipment limited 4
- Crowding / seating inadequate..... 5
- Difficult to board / exit..... 6
- Equipment storage inadequate 7
- Fare purchase difficult..... 8
- Insensitive / unaware driver 9
- Insensitive / unaware passengers 10
- Lighting inadequate..... 11
- Obstacles / protrusions 12
- Passenger travel information inadequate 13
- Passing space / aisle width limited..... 14
- Personal safety concerns..... 15
- Restroom facilities inadequate 16
- Service animals not permitted..... 17
- Staff assistance / sensitivity poor 18
- Wheelchair space inadequate 19
- Other (Please specify)_____ 91

Please go to next question.

E33. What problems have you experienced at subway, light rail, or commuter train stations?

Please mark all that apply.

- No problems..... 1 **Please go to**
Question E35 on page 53
- Safety and travel information not adapted for my needs (such as Braille and beeping flashing signals) 2
- Crowding / seating inadequate..... 3
- Curb cut / ramp / stair / grade problems..... 4
- Difficult to see / be seen..... 5
- Drainage poor 6
- Elevators / escalators broken / missing..... 7
- Fare purchase difficult..... 8
- Insensitive / unaware passengers..... 9
- Lighting inadequate..... 10
- Obstacles / protrusions / debris..... 11
- Passenger travel information inadequate..... 12
- Passing space / aisle width limited..... 13
- Personal safety concerns..... 14
- Restroom facilities inadequate 15
- Schedule not kept 16
- Shelter inadequate..... 17
- Staff assistance / sensitivity poor 18
- Surface problems (potholes / cracks) 19
- Too few / missing sidewalks / paths..... 20
- Wide gaps between platforms and cars 21
- Parking inadequate 22
- Other (Please specify)_____ 91

Please go to next question.

E34. Which was the greatest problem for you?

Please mark one answer.

- Safety and travel information not adapted for my needs (such as Braille and beeping flashing signals) 2
- Crowding / seating inadequate..... 3
- Curb cut / ramp / stair / grade problems..... 4
- Difficult to see / be seen..... 5
- Drainage poor 6
- Elevators / escalators broken / missing..... 7
- Fare purchase difficult..... 8
- Insensitive / unaware passengers..... 9
- Lighting inadequate..... 10
- Obstacles / protrusions / debris..... 11
- Passenger travel information inadequate..... 12
- Passing space / aisle width limited..... 13
- Personal safety concerns..... 14
- Restroom facilities inadequate 15
- Schedule not kept 16
- Shelter inadequate..... 17
- Staff assistance / sensitivity poor 18
- Surface problems (potholes / cracks) 19
- Too few / missing sidewalks / paths..... 20
- Wide gaps between platforms and cars 21
- Parking inadequate 22
- Other (Please specify)_____ 91

Please go to next question.

E35. What problems have you experienced while on the subway, light rail, or commuter train?

Please mark all that apply.

- No problems..... 1 **Please go to Paratransit Travel Section on Page 55 (Question E37)**
- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals) 2
- Board / exit time inadequate 3
- Boarding / exiting equipment limited 4
- Crowding / seating inadequate..... 5
- Difficult to board / exit..... 6
- Equipment storage inadequate 7
- Fare purchase difficult..... 8
- Insensitive / unaware driver 9
- Insensitive / unaware passengers 10
- Lighting inadequate..... 11
- Obstacles / protrusions 12
- Passenger travel information inadequate 13
- Passing space / aisle width limited..... 14
- Personal safety concerns..... 15
- Restroom facilities inadequate 16
- Service animals not permitted..... 17
- Staff assistance / sensitivity poor 18
- Wheelchair space inadequate 19
- Other (Please specify)_____ 91

Please go to next question.

E36. Which was the **greatest problem** you experienced while on the subway, light rail, or commuter train?

Please mark one answer.

- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals) 2
- Board / exit time inadequate 3
- Boarding / exiting equipment limited 4
- Crowding / seating inadequate 5
- Difficult to board / exit 6
- Equipment storage inadequate 7
- Fare purchase difficult 8
- Insensitive / unaware driver 9
- Insensitive / unaware passengers 10
- Lighting inadequate 11
- Obstacles / protrusions 12
- Passenger travel information inadequate 13
- Passing space / aisle width limited 14
- Personal safety concerns 15
- Restroom facilities inadequate 16
- Service animals not permitted 17
- Staff assistance / sensitivity poor 18
- Wheelchair space inadequate 19
- Other (Please specify) _____ 91

Please go to next question.

Paratransit Travel Section

E37. Is public paratransit service available in your area?

[Paratransit is a van, mini-bus or taxi service sponsored by the public transit authority that provides curb-to-curb transportation for persons with disabilities. It is also sometimes referred to as “demand response service” or ADA paratransit service.]

- Yes 1
- No..... 2

Please go to next question.

E38. During the past month, how many days a week did you use public paratransit service?

Please enter then number of days per week you used public paratransit.

Number of days a week |__| **Please go to next question.**

- Less than one day a week8
- Do not use public paratransit95

Please go to question E42 on page 59.

E39. When you use public paratransit service, how many one-way trips a day do you usually take?

Please enter the number of one-way trips a day you usually take by paratransit.

Number of one-way trips a day|_|

Please go to next question.

E40. What problems have you experienced while using the public paratransit service?

Please mark all that apply.

No problems..... 1

Please go to Question E42 on page 59.

Attendant / escort service limited 2

Cannot schedule repeating trips
(e.g. trips at the same time each day) 3

Cost is too high 4

Difficult to board / exit..... 5

Inadequate seating..... 6

Insensitive / unaware driver 7

Personal safety concerns..... 8

Responsiveness problems (i.e., must
schedule trip 24 hours in advance)..... 9

Schedule for pickup not kept /
long waits 10

Schedule for drop-off not kept / long
waits 11

Service is often not available when I need it 12

Staff assistance / sensitivity poor 13

Vehicle is in poor mechanical condition 14

Vehicle not accessible..... 15

Trip time too variable / unpredictable 16

Other (Please specify)_____ 91

Please go to next question.

E41. Which was the greatest problem you experienced while using the public paratransit service?

Please mark one answer.

- Attendant / escort service limited 2
- Cannot schedule repeating trips
(e.g. trips at the same time each day) 3
- Cost is too high 4
- Difficult to board / exit..... 5
- Inadequate seating..... 6
- Insensitive / unaware driver 7
- Personal safety concerns..... 8
- Responsiveness problems (i.e., must
schedule trip 24 hours in advance)..... 9
- Schedule for pickup not kept /
long waits 10
- Schedule for drop-off not kept / long
waits 11
- Service is often not available when I need it 12
- Staff assistance / sensitivity poor 13
- Vehicle is in poor mechanical condition 14
- Vehicle not accessible..... 15
- Trip time too variable / unpredictable 16
- Other (Please specify)..... 91

Please go to next question.

E42. Is taxicab service available in your area?

Please mark Yes or No.

- Yes 1
- No..... 2

Please go to next question.

Long Distance Travel Section

E43. The next questions are about your long distance travel. During the past year, did you make any long-distance trips of 100 miles or more one way?

Please mark Yes or No.

- Yes 1

Please go to next question

- No..... 2

Please go to Section F Association Membership on page 78.

E44. During the past year, what are all the types of transportation you used for long distance travel?

Please mark all that apply.

Personal vehicles

- Personal motor vehicle as a driver 1
- Personal motor vehicle as a passenger..... 2
- Motorized personal transportation (such as an electric wheelchair, scooter or golf cart) 3
- Carpool or vanpool / group car or van 4

Air travel

- Commercial airplane 5
- Private or charter airplane 6

Bus travel

- Intercity bus such as Greyhound 7
- Private or chartered bus 8
- Public bus (includes transit or city bus) 9
- School bus 10

Special travel

- Paratransit van or bus sponsored by the public transit authority..... 11
- Specialized transportation services provided by human services agencies 12

Train

- Amtrak / Intercity train 13
- Subway, "light rail," or commuter train..... 14

Other

- Bicycle / pedal cycles 15
- Taxicab..... 16
- Work at home / home-schooled..... 17
- Telecommute..... 18
- Walking (includes nonmotorized wheelchair, scooter, or assistance device such as a cane) 19
- Other transportation 20

Please go to next question.

E45. What type of transportation did you use most frequently for long-distance travel?

Please mark one answer.

Personal vehicles

- Personal motor vehicle as a driver 1
- Personal motor vehicle as a passenger..... 2
- Motorized personal transportation (such as an electric wheelchair, scooter or golf cart) 3
- Carpool or vanpool / group car or van 4

Air travel

- Commercial airplane 5
- Private or charter airplane 6

Bus travel

- Intercity bus such as Greyhound 7
- Private or chartered bus 8
- Public bus (includes transit or city bus) 9
- School bus 10

Special travel

- Paratransit van or bus sponsored by the public transit authority..... 11
- Specialized transportation services provided by human services agencies 12

Train

- Amtrak / Intercity train 13
- Subway, "light rail," or commuter train..... 14

Other

- Bicycle / pedal cycles 15
- Taxicab..... 16
- Work at home / home-schooled..... 17
- Telecommute..... 18
- Walking (includes nonmotorized wheelchair, scooter, or assistance device such as a cane) 19
- Other transportation 20

Please go to next question.

E46. How satisfied are you that the type of transportation you use most frequently for long-distance travel is

Please mark the answer that applies to you for each of the following:						
		Very Dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
a)	Close to where you live?	1	2	3	4	5
b)	Convenient to get to from the home?	1	2	3	4	5
c)	Easy to get into and get out of?	1	2	3	4	5
d)	In good mechanical repair?	1	2	3	4	5
e)	Reliable?	1	2	3	4	5
f)	Comfortable?	1	2	3	4	5
g)	Able to get to your destination on a direct route and without too many stops?	1	2	3	4	5
h)	Affordable?	1	2	3	4	5
i)	Safe from accidents?	1	2	3	4	5
j)	Safe from crime?	1	2	3	4	5
k)	Adequately protected from hostile intentions because of the passenger screening process?	1	2	3	4	5

Long Distance Bus Travel

E47. How many round trips did you take by bus, such as Greyhound, for long distance travel during the past year?

Please enter the number of round trips you took by bus for long distance travel in the last year. [Please enter a zero (0) if only 1 one-way trip was taken]

Number of round trips a year..... |_|_|_|

Please go to next question

Did not take the bus995

Please go to Long Distance Airplane Travel Section on page 68 (Question E52)

E48. What problems have you experienced at intercity bus stations?

Please mark all that apply.

[Intercity bus means bus service that takes you from city to city, like Greyhound bus.]

No problems..... 1

Please go to Question E50 on page 66

- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals) 2
- Curb cut / ramp / stair / grade problems 3
- Difficult to see / be seen..... 4
- Drainage poor 5
- Elevators / escalators broken / missing..... 6
- Fare purchase difficult..... 7
- Insensitive / unaware passengers 8
- Lighting inadequate..... 9
- Obstacles / protrusions / debris..... 10
- Passenger travel information inadequate 11
- Passing space / aisle width limited..... 12
- Personal safety concerns..... 13
- Restroom facilities inadequate 14
- Schedule not kept 15
- Seating inadequate 16
- Shelter inadequate 17
- Staff assistance / sensitivity poor 18
- Surface problems (potholes / cracks) 19
- Ticket counters too high 20
- Too few / missing sidewalks / paths 21
- Unable to communicate with staff 22
- Parking inadequate 23
- Other (Please specify)_____ 91

Please go to next question.

E49. Which was the greatest problem you experienced at intercity bus stations?

Please mark one answer.

- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals) 2
- Curb cut / ramp / stair / grade problems..... 3
- Difficult to see / be seen..... 4
- Drainage poor 5
- Elevators / escalators broken / missing..... 6
- Fare purchase difficult..... 7
- Insensitive / unaware passengers..... 8
- Lighting inadequate..... 9
- Obstacles / protrusions / debris..... 10
- Passenger travel information inadequate..... 11
- Passing space / aisle width limited..... 12
- Personal safety concerns..... 13
- Restroom facilities inadequate 14
- Schedule not kept 15
- Seating inadequate 16
- Shelter inadequate..... 17
- Staff assistance / sensitivity poor 18
- Surface problems (potholes / cracks) 19
- Ticket counters too high..... 20
- Too few / missing sidewalks / paths..... 21
- Unable to communicate with staff 22
- Parking inadequate 23
- Other (Please specify)_____ 91

Please go to next question.

E50. What problems have you experienced while on the intercity bus?

Please mark all that apply.

- No problems.....1 **Please go to Long Distance Airplane Travel Section on page 68 (Question E52)**
- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals) 2
- Board / exit time inadequate3
- Boarding / exiting equipment limited4
- Difficult to board / exit.....5
- Equipment storage inadequate 6
- Fare purchase difficult.....7
- Insensitive / unaware driver8
- Insensitive / unaware passengers9
- Lighting inadequate.....10
- Obstacles / protrusions11
- Passenger travel information inadequate12
- Passing space / aisle width limited.....13
- Personal safety concerns14
- Restroom facilities inadequate15
- Seating inadequate16
- Service animals not permitted17
- Staff assistance / sensitivity poor18
- Wheelchair space inadequate19
- Other (Please specify)_____91

E51. Which was the greatest problem you experienced while on the intercity bus?

Please mark one answer.

- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals) 2
- Board / exit time inadequate3
- Boarding / exiting equipment limited4
- Difficult to board / exit.....5
- Equipment storage inadequate 6
- Fare purchase difficult.....7
- Insensitive / unaware driver8
- Insensitive / unaware passengers9
- Lighting inadequate.....10
- Obstacles / protrusions 11
- Passenger travel information inadequate 12
- Passing space / aisle width limited..... 13
- Personal safety concerns 14
- Restroom facilities inadequate 15
- Seating inadequate 16
- Service animals not permitted 17
- Staff assistance / sensitivity poor 18
- Wheelchair space inadequate 19
- Other (Please specify)_____91

Please go to next question.

Long Distance Airplane Travel Section

E52. During the past year, how many round trips did you take on a commercial airplane?

**Please enter the number of long distance trips by airplane in the last year.
[Please enter a zero (0) if only 1 one-way trip was taken]**

Number of round trips a year..... |__|__|__|

Did not use an airplane995

**Please go to Long Distance Train Travel Section on page 73
(Question E57)**

E53. What problems have you experienced at airports?

Please mark all that apply.

No problems..... 1

Please go to question E55 on page 71

- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals) 2
- Curb cut / ramp / stair / grade problems..... 3
- Difficult to see / be seen..... 4
- Drainage poor 5
- Elevators / escalators broken / missing..... 6
- Fare purchase difficult..... 7
- Insensitive / unaware passengers 8
- Lighting inadequate..... 9
- Obstacles / protrusions / debris..... 10
- Passenger travel information inadequate..... 11
- Passing space / aisle width limited..... 12
- Personal assistant not allowed..... 13
- Personal safety concerns..... 14
- Restroom facilities inadequate 15
- Schedule not kept 16
- Seating inadequate 17
- Security procedures too restrictive..... 18
- Shelter inadequate..... 19
- Staff assistance / sensitivity poor 20
- Surface problems (potholes / cracks) 21
- Ticket counters too high..... 22
- Too few / missing sidewalks / paths..... 23
- Tram / moving sidewalk problem..... 24
- Unable to communicate with staff 25
- Wheelchair unavailable 26
- Parking inadequate 27
- Other (Please specify)_____ 91

Please go to next question

E54. Which was the **greatest problem** you experienced at airports?

Please mark one answer.

- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals) 2
- Curb cut / ramp / stair / grade problems 3
- Difficult to see / be seen 4
- Drainage poor 5
- Elevators / escalators broken / missing 6
- Fare purchase difficult 7
- Insensitive / unaware passengers 8
- Lighting inadequate 9
- Obstacles / protrusions / debris 10
- Passenger travel information inadequate 11
- Passing space / aisle width limited 12
- Personal assistant not allowed 13
- Personal safety concerns 14
- Restroom facilities inadequate 15
- Schedule not kept 16
- Seating inadequate 17
- Security procedures too restrictive 18
- Shelter inadequate 19
- Staff assistance / sensitivity poor 20
- Surface problems (potholes / cracks) 21
- Ticket counters too high 22
- Too few / missing sidewalks / paths 23
- Tram / moving sidewalk problem 24
- Unable to communicate with staff 25
- Wheelchair unavailable 26
- Parking inadequate 27
- Other (Please specify) _____ 91

Please go to next question

E55. What problems have you experienced while on the airplane?

Please mark all that apply.

- No problems 1 **Please go to Long Distance Train Travel Section on page 73 (Question E57)**
- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals)..... 2
- Board / exit time inadequate3
- Boarding / exiting equipment inadequate4
- Difficult to board / exit5
- Equipment storage inadequate6
- Insensitive / unaware crew.....7
- Insensitive / unaware passengers.....8
- Left on board without help.....9
- Lighting inadequate 10
- Obstacles / protrusions 11
- Passenger travel information inadequate ... 12
- Passing space / aisle width limited 13
- Personal safety concerns 14
- Restroom facilities inadequate..... 15
- Seating inadequate..... 16
- Service animals not permitted..... 17
- Staff assistance / sensitivity poor..... 18
- Wheelchair damaged..... 19
- Wheelchair space inadequate.....20
- Other (Please specify)_____ 91

Please go to next question.

E56. Which was the **greatest problem** you experienced while on the airplane?

Please mark one answer.

- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals)..... 2
- Board / exit time inadequate3
- Boarding / exiting equipment inadequate4
- Difficult to board / exit5
- Equipment storage inadequate6
- Insensitive / unaware crew.....7
- Insensitive / unaware passengers.....8
- Left on board without help.....9
- Lighting inadequate 10
- Obstacles / protrusions 11
- Passenger travel information inadequate ...12
- Passing space / aisle width limited 13
- Personal safety concerns 14
- Restroom facilities inadequate..... 15
- Seating inadequate..... 16
- Service animals not permitted..... 17
- Staff assistance / sensitivity poor 18
- Wheelchair damaged..... 19
- Wheelchair space inadequate.....20
- Other (Please specify)......91

Please go to next question.

Long Distance Train Travel Section

E57. During the past year, how many round trips did you take by train for long distance travel?

Please enter the number of round trip long distance trips by train in the last year. [Please enter a zero (0) if only 1 one-way trip was taken]

Number of round trips a year .|_|_|_|

Please go to next question.

Did not use the train 995

Please go to Section F Association Membership on page 78.

E58. What problems have you experienced at train stations?

Please mark all that apply.

No problems..... 1

Please go to Question E60 on page 76

Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals) 2

Curb cut / ramp / stair / grade problems..... 3

Difficult to see / be seen..... 4

Drainage poor 5

Elevators / escalators broken / missing..... 6

Fare purchase difficult..... 7

Insensitive / unaware passengers 8

Lighting inadequate..... 9

Obstacles / protrusions / debris..... 10

Passenger travel information inadequate..... 11

Passing space / aisle width limited..... 12

Personal safety concerns..... 13

Restroom facilities inadequate 14

Schedule not kept 15

Seating inadequate 16

Shelter inadequate 17

Staff assistance / sensitivity poor 18

Surface problems (potholes / cracks) 19

Too few or missing sidewalks / paths..... 20

Ticket counters too high 21

Unable to communicate with staff 22

Parking inadequate 23

Other (Please specify)_____ 91

Please go to next question

E59. Which was the **greatest problem** you experienced at train stations?

Please mark one answer.

- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals) 2
- Curb cut / ramp / stair / grade problems 3
- Difficult to see / be seen 4
- Drainage poor 5
- Elevators / escalators broken / missing 6
- Fare purchase difficult 7
- Insensitive / unaware passengers 8
- Lighting inadequate 9
- Obstacles / protrusions / debris 10
- Passenger travel information inadequate 11
- Passing space / aisle width limited 12
- Personal safety concerns 13
- Restroom facilities inadequate 14
- Schedule not kept 15
- Seating inadequate 16
- Shelter inadequate 17
- Staff assistance / sensitivity poor 18
- Surface problems (potholes / cracks) 19
- Too few or missing sidewalks / paths 20
- Ticket counters too high 21
- Unable to communicate with staff 22
- Parking inadequate 23
- Other (Please specify) _____ 91

Please go to next question

E60. What problems have you experienced while on the train?

Please mark all that apply.

- No problems..... 1
- Please go to Section F Association Membership on page 78.**
- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals)..... 2
- Board / exit time inadequate 3
- Boarding/exiting equipment inadequate 4
- Difficult to board / exit..... 5
- Equipment storage inadequate 6
- Fare purchase difficult..... 7
- Insensitive / unaware crew..... 8
- Insensitive / unaware passengers..... 9
- Lighting inadequate..... 10
- Obstacles / protrusions 11
- Passenger travel information inadequate 12
- Passing space / aisle width limited..... 13
- Personal safety concerns..... 14
- Restroom facilities inadequate 15
- Seating inadequate 16
- Service animals not permitted..... 17
- Staff assistance / sensitivity poor 18
- Wheelchair space inadequate..... 19
- Other (Please specify)_____ 91

Please go to next question.

E61. Which was the **greatest problem** you experienced while on the train?

Please mark one answer.

- Safety and travel information not adapted for my needs (such as Braille and beeping or flashing signals)..... 2
- Board / exit time inadequate 3
- Boarding/exiting equipment inadequate 4
- Difficult to board / exit..... 5
- Equipment storage inadequate 6
- Fare purchase difficult..... 7
- Insensitive / unaware crew..... 8
- Insensitive / unaware passengers 9
- Lighting inadequate..... 10
- Obstacles / protrusions 11
- Passenger travel information inadequate 12
- Passing space / aisle width limited..... 13
- Personal safety concerns..... 14
- Restroom facilities inadequate 15
- Seating inadequate 16
- Service animals not permitted..... 17
- Staff assistance / sensitivity poor 18
- Wheelchair space inadequate..... 19
- Other (Please specify)_____ 91

Please go to next question.

Section F Association Membership

F1. Is anyone in this household a member of a national association or organization that is specifically concerned with the issues of persons with disabilities?

Yes 1 **Please go to next question.**

No2 **Please go to Section G
Background Information on page 80 (Question G1)**

F2. What are the names of the national associations or organizations to which they belong?

Please mark all that apply.

- American Association of People with Disabilities (AAPD)..... 1
- American Council of the Blind..... 2
- The ARC..... 3
- The Arthritis Foundation 4
- Association of Blind Citizens (ABC) 5
- Brain Injury Association 6
- Community Transportation Association of America (CTAA) 7
- Disabled Peoples' International (DPI) 8
- Easter Seals Project ACTION..... 9
- Independent Living Center, Board of Directors..... 10
- Mobility International USA (MIUSA) 11
- National Association of the Deaf (NAD) 12
- National Association of Developmental Disabilities Councils (NADDC)..... 13
- National Association of Governor's Committees on Employment of People with Disabilities..... 14
- National Alliance for the Mentally Ill (NAMI)..... 15
- National Federation of the Blind (NFB) 16
- National Multiple Sclerosis (MS) Society 17
- National Organization on Disability (NOD)..... 18
- National Spinal Cord Injury Association 19
- Paralyzed Veterans of America 20
- The Association for Persons with Severe Handicaps (TASH)..... 21
- United Cerebral Palsy Association..... 22
- Other national associations (Please specify _____)..... 91

Please go to next question.

Section G Background Information

Please answer the following background questions.

G1. What is your ZIP Code?

Please enter your five digit zip code.

Five digit zip code |_|_|_|_|_|

Please go to next question.

G2. What is your gender?

Please mark only one answer.

- Male 1
- Female..... 2

G3. What is your age?

Please write in your age in years. If this is for a child younger than one year old, please put in zero (0) as their age.

Age in years |_|_|_|

Please go to next question.

G4. What is your current marital status?

Please mark only one answer.

- Married 1
- Never Married..... 2
- Widowed..... 3
- Separated or divorced 4

Please go to next question.

G5. Do you . . .

Please mark Yes or No for each item.

		Yes	No
(a)	Live alone?	1	2
(b)	Live with your spouse or significant other?	1	2
(c)	Live with children?	1	2
(d)	Live with one or more parents or guardian(s)?	1	2
(e)	Live with other persons?	1	2

Please go to next question.

G6. What is the highest level of education you have completed (**If you are a parent or guardian completing this questionnaire for your child who is under 18 and / or still in school, please mark your education level**)?

Please mark only one answer.

- Less than high school graduate 1
- High school graduate or GED 2
- Some college (or technical / vocational school or professional business school) 3
- Two-year college degree (AA: Associate in Arts) 4
- Four-year college degree (BA or BS: Bachelor of Arts or Bachelor of Science) 5
- Graduate degree (Masters, PhD, Lawyer, Medical Doctor) 6

Please go to next question.

G7. Have you ever retired from a job or business?

Please mark Yes or No.

- Yes 1 **Please go to next question.**
- No.....2 **Please go to question G9 (on this page)**

G8. Did you retire due to a disability?

Please mark Yes or No.

- Yes 1
- No.....2

Please go to next question.

G9. During the past year, has your household been without telephone service for a continuous period of a week or more?

Please mark Yes or No.

- Yes 1 **Please go to next question.**
- No..... 2 **Please go to Question G-11 (on page 83)**

G10. How long were you without telephone service?

[If 1 to 7 days, please mark as 1 week.]

Please mark only one answer.

- One week 1
- Two weeks..... 2
- Three weeks 3
- Four weeks, or 4
- Five weeks, or more 5

Please go to next question.

G11. Does your household have access to the Internet?

Please mark Yes or No.

- Yes 1
- No..... 2

Please go to next question.

G12. Are you of Hispanic, Latino, or Spanish origin?

Please mark Yes or No.

- Yes 1
- No..... 2

Please go to next question.

G13. What is your race? Are you . . .

Please mark all that apply.

- White, 1
- African American, Black,..... 2
- Asian,..... 3
- American Indian, Alaskan Native, ... 4
- Native Hawaiian, or other Pacific
Islander? 5
- Multiracial 6
- Hispanic / Mexican..... 7
- Other..... 8

Please go to next question.

G14. Are your living quarters...

Please mark only one answer.

- Owned or being bought by you or someone in your household? 1
- Rented for cash?..... 2
- Occupied without payment of cash rent?..... 3

Please go to next question.

G15. What was the total combined income for all persons in your household during the past 12 months, including income from jobs, Social Security, retirement income, public assistance, and all other sources?

Please mark only one answer.

- Less than \$15,000, 1
- Between \$15,001 to \$50,000, or..... 2
- Over \$50,000 3

Thank-you for your help with this important national survey. Please return your completed survey in the enclosed postage paid envelope.

